BEST AVAILABLE COPY-

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

											,
	CLAIMS A		PART I	(Colur	nn 2)	SM. TYP		NTITY	OR	OTHER SMALL	
TOTAL CLAIMS		25					ATE	FEE	1	RATE	FEE
FOR		NUMBER FILED N		NUMBE	MBER EXTRA		SIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS		25 minus 20= *		5		×	\$ 9=		OR	X\$18=	95
INDEPENDENT CLAIMS		minus 3 = *		2	0					X84=	. 7 🖰
MULTIPLE DEPENDENT CLAIM P		RESENT							OR	,	
* If the difference	e in column 1 is	less than ze	ero, enter "	'0" in c	olumn 2	٠ ــــــ	140=		OR	+280=	C à c'
i e	•	MENDED - PART II						OR	TOTAL OTHER	THAN	
119105	(Column 1)		(Columi		(Column 3)	SI	MALL	ENTITY	OR	SMALL	
AMEN DE LINE MENT A LINE MENT	CLAIMS REMAINING AFTER AMENDMENT	i de Maria	HIGHE: NUMBE PREVIOL PAID FO	ER JSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI TIONA FEE
X	. 25	Minus	- 29	<u>S</u> .	=	×	\$ 9=		OR	X\$18=	
Independent	1	Minus	***	35 .	=	×	42=		OR	X84=	48. 5.
Flho, rRESI	ENTATION OF M	ULTIPLE DEI	PENDENT (CLAIM			140=	i safisa	OP	+280=	مهرتها ولدود
				•		Ĭ		<u> </u>			
	wa William		· · · ·		٠, -		TOTAL		OR.	TOTAL ADDIT FEE	SAN WAR
	(Column 1)		(Columi	n 2)	(Column 3)	ADD	TOTAL IT. FEE		OR	ADDIT. FËE	
m e	(Column 1) CLAIMS REMAINING AFTER		HIGHE NUMBI PREVIOL	ST ER USLY	(Column 3) PRESENT EXTRA	ADD		ADDI- TIONAL	OR	ADDIT. FËE	ADD TION
Ω	(Column 1) CLAIMS REMAINING	Minus	HIGHE NUMBE	ST ER USLY	PRESENT	ADD	IT. FEE	ADDI-		ADDIT. FEE	ADD TION/ FEE
Ω	(Column 1) CLAIMS REMAINING AFTER	Minus Minus	HIGHE NUMBI PREVIOL PAID FO	ST ER USLY	PRESENT EXTRA	R	ATE \$ 9=	ADDI- TIONAL	OR	RATE:	ADDI TIONA FEE
M LNU WOON Total Independent	(Column 1) CLAIMS REMAINING AFTER	Minus	HIGHE NUMBE PREVIOU PAID FO	ST ER USLY OR	PRESENT EXTRA	ADD R	ATE \$ 9= 42=	ADDI- TIONAL		RATE: X\$18= X84=	ADDI TIONA FEE
M LNU MUNICIPAL TOTAL Independent	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	Minus	HIGHE NUMBE PREVIOU PAID FO	ST ER USLY OR	PRESENT EXTRA	ADD	ATE \$ 9= 42= 40=	ADDI- TIONAL	OR	RATE: X\$18= X84= +280=	ADDI TIONA FEE
M LNU MON Total Total Independent	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	Minus	HIGHE NUMBE PREVIOU PAID FO	ST ER USLY OR	PRESENT EXTRA	R X x +1	ATE \$ 9= 42=	ADDI- TIONAL	OR OR	RATE: X\$18= X84=	ADDI TIONA FEE
M LNU MUNICIPAL TOTAL Independent	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	Minus	HIGHE NUMBE PREVIOU PAID FO	ST ER USLY OR	PRESENT EXTRA	R X x +1	ATE \$ 9= 42= TOTAL	ADDI- TIONAL	OR OR OR	RATE: X\$18= X84= +280=	ADDI TIONA FEE
Total Independent FIRST PRESE	(Column 1) CLAIMS REMAINING AFTER AMENDMENT * * * * * * * * * * * * * * * * * *	Minus	HIGHE NUMBE PREVIOU PAID FO *** PENDENT (ST ER USLY OR CLAIM	PRESENT EXTRA	R X x +1	ATE \$ 9= 42= TOTAL	ADDI- TIONAL	OR OR	RATE: X\$18= X84= +280=	ADD TIONA FEE
Total Independent FIRST PRESE	(Column 1) CLAIMS REMAINING AFTER AMENDMENT ENTATION OF MI CLAIMS REMAINING AFTER	Minus ULTIPLE DEF	HIGHE NUMBE PREVIOU PAID FO *** CENDENT O (Column HIGHE NUMBE PREVIOU	ST ER USLY OR CLAIM	PRESENT EXTRA	ADD R X ADD	ATE \$ 9= 42= TOTAL	ADDI- TIONAL FEE	OR OR OR	RATE: X\$18= X84= +280=	ADDI TION/ FEE
Total Independent FIRST PRESE	(Column 1) CLAIMS REMAINING AFTER AMENDMENT NTATION OF MI (Côlumn 1) CLAIMS REMAINING	Minus ULTIPLE DEF	HIGHE NUMBE PREVIOU PAID FO *** CENDENT C	ST ER USLY OR CLAIM	PRESENT EXTRA	ADD R X +1	ATE \$ 9= 42= TOTAL T. FEE	ADDI- TIONAL FEE	OR OR OR	RATE X\$18= X84= +280= TOTAL ADDIT FEE	ADDI TION/ FEE
Total Independent FIRST PRESE	(Column 1) CLAIMS REMAINING AFTER AMENDMENT (COLUMN 1) CLAIMS REMAINING AFTER AMENDMENT	Minus ULTIPLE DEF	HIGHE NUMBE PREVIOL PAID FO	ST ER USLY OR CLAIM	PRESENT EXTRA	ADD R ADD	ATE \$ 9= 42= TOTAL T. FEE ATE	ADDI- TIONAL FEE	OR OR OR	RATE X\$18= X84= +280= TOTAL ADDIT FEE RATE X\$18	ADDI TIONA FEE
Total Indecendent FIRST PRESE	(Column 1) CLAIMS REMAINING AFTER AMENDMENT ENTATION OF MI CLAIMS REMAINING AFTER	Minus ULTIPLE DEF	HIGHE NUMBE PREVIOU PAID FO	ST ER USLY OR CLAIM	PRESENT EXTRA (Column 3) PRESENT EXTRA	ADD R ADD	ATE \$ 9= 42= TOTAL T. FEE	ADDI- TIONAL FEE	OR OR OR	RATE X\$18= X84= +280= TOTAL ADDIT FEE	ADDI TIONA FEE
Total Indecendent FIRST PRESE	(Column 1) CLAIMS REMAINING AFTER AMENDMENT (COlumn 1) CLAIMS REMAINING AFTER AMENDMENT	Minus ULTIPLE DEF	HIGHE NUMBE PREVIOU PAID FO *** *** *** *** *** *** *** *** *** *	ST ER USLY OR CLAIM	PRESENT EXTRA (Column 3) PRESENT EXTRA	ADD R X ADD R X X X	ATE \$ 9= 42= TOTAL T. FEE ATE	ADDI- TIONAL FEE	OR OR OR	RATE X\$18= X84= +280= TOTAL ADDIT FEE RATE X\$18	ADDI TIONA FEE
Total Independent FIRST PRESE Independent FIRST PRESE	(Column 1) CLAIMS REMAINING AFTER AMENDMENT (COLUMN 1) CLAIMS REMAINING AFTER AMENDMENT AMENDMENT TO THE PROPERTY OF MERITATION OF MERITATI	Minus ULTIPLE DEF Minus ULTIPLE DEF	(Column HIGHE NUMBE PREVIOUS PAID FOR A NUMBE PREVIOUS PAID FOR A NUMBE PREVIOUS PAID FOR A NUMBE PREVIOUS SPACE IS IN SUMBER PREVIOUS SPACE IS IN SUMBER PREVIOUS PAID FOR A NUMBER PAID	ST ER JSLY OR CLAIM O' in colu	PRESENT EXTRA (Column 3) PRESENT EXTRA =	ADD R ADD R X +1 ADD X +1	ATE \$ 9= 42= 40= TOTAL T. FEE \$ 9= 42=	ADDI- TIONAL FEE		RATE X\$18= X84= +280= TOTAL ADDIT FEE X\$18 X\$18	ADDI TIONA FEE
Total Independent FIRST PRESE	(Column 1) CLAIMS REMAINING AFTER AMENDMENT (COlumn 1) CLAIMS REMAINING AFTER AMENDMENT ENTATION OF MI	Minus ULTIPLE DEF Minus ULTIPLE DEF the entry in column of For IN THI aid For IN THI	(Column HIGHE NUMBE PREVIOL PAID FO COLUMN HIGHE NUMBE PREVIOL PAID FO COLUMN PAID FO COLUMN 2, write 10 S SPACE is 10 S SPACE I	ST ER USLY OR CLAIM CLAIM CLAIM CLAIM CLAIM O' in columess than less than less than	PRESENT EXTRA (Column 3) PRESENT EXTRA = 100 100 100 100 100 100 100	ADDI R X ADDI ADDI	ATE \$ 9= 40= TOTAL T. FEE TOTAL T. FEE	ADDI- TIONAL FEE	OR OR OR OR OR	RATE X\$18= X84= +280= TOTAL ADDIT. FEE X\$18 X\$18 X\$18 ADDIT. FEE ADDIT. FEE ADDIT. FEE	ADDI TIONA FEE

This Page is Inserted by IFW Indexing and Scanning Operations and is not part of the Official Record

BEST AVAILABLE IMAGES

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images include but are not limited to the items checked:
☐ BLACK BORDERS
☐ IMAGE CUT OFF AT TOP, BOTTOM OR SIDES
FADED TEXT OR DRAWING
☐ BLURRED OR ILLEGIBLE TEXT OR DRAWING
☐ SKEWED/SLANTED IMAGES
COLOR OR BLACK AND WHITE PHOTOGRAPHS
GRAY SCALE DOCUMENTS
☐ LINES OR MARKS ON ORIGINAL DOCUMENT
☐ REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY
OTHER:

IMAGES ARE BEST AVAILABLE COPY.

As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.